2005 ANNUAL REPORT FOR THE DOOR COUNTY DEPARTMENT OF COMMUNITY PROGRAMS INDEX

2005 Annual Report Prepared By:

Mark A. Morrison, Program Director
David J. Hirn, Mental Health Coordinator
Clare Anne Jacobsmeier, Community Support Program Coordinator
Cindy Zellner-Ehlers, Developmental Disabilities Program Coordinator
Joseph Krebsbach, AODA Coordinator

Editor:
Mark A. Morrison, Director

DOOR COUNTY DEPARTMENT OF COMMUNITY PROGRAMS: 2005 STAFF

FULL TIME PERSONNEL

Program Director……. Mark A. Morrison, LCSW
Secretary/Receptionist Jane Benzow
Medical Director/Psyciatrist (10/05)……Anne Miller, M.D.
AODA Coordinator Joseph Krebsbach, CADC III
AODA Counselor Pam Hirn, CADC III
Co-Occurring Disorders Specialist Cheryl Hansen, MS CADC III
Developmental Disabilities Coordinator Cindy Zellner-Ehlers, LSW
Developmental Disabilities Case Manager LuAnn Desotelle, BS
Developmental Disabilities Case Manager Patty Tschech, LSW
Mental Health Coordinator David Hirn, MS, MEAS,
Staff Psychotherapist Cy Rosenthal, MA
Staff Psychotherapist Tracy Faust, MA, CICSW
Staff Psychotherapist (until March)……Tim Hickey, MS, CADCIII
Staff Psychotherapist (Beginning May)…….Callie Krauel, CICSW
Psychiatrist……..Anne Miller, M.D.
Community Support Program Coordinator Clare Anne Jacobsmeier, CICSW
Community Support Program Case Manager Paul Klapatch, BA
Community Support Program Case Manager (until 4/05).Callie Krauel, CICSW
Community Support Case Manager (begin 7/05)…….Glen Begrow, MS
Community Support Program Case Manager……. Melissa Conkright, BS
Patient Accounts Specialist Chris Voigt
Records Management Specialist Kathy Zak
Clinical Assistant Debra Karas
Agency Bookkeeper Donna Sacotte

PART TIME PERSONNEL

Birth to Three Program Educator Sandy Brown
Developmental Disabilities Case Manger (3-21) Kris Wagner-MacLean
Developmental Disabilities Case Manager (3-21) Jean Severson

CLINICAL CONTRACTORS

Clinical Psychologist……Michael Sayers, PHD
Medical Director (until 9/05)…….……..David Boyd, MD.
Contracted Psychiatrist (until 9/05)…… Dr. John Whelan
AODA Counselor…….Josh Gandolf
AODA Assessor Perry Ackert, CADCIII
Birth to Three Occupational Therapist Kelly Maravilla, OT
Birth to Three Physical Therapist Rebecca Ullman, PT
Birth to Three Coordinator Jim Berg
Birth to Three Speech and Language Therapist Wendi Ray & Julie Toyne
Community Support Program RN Margie Rock, RN
Community Support Program Psych-Tech……...Nancy Taylor
Personal Care Program RN Margie Rock, RN
Personal Care Program RN Mary Lindhorst, RN
Accounts Receivable Clerk……Kay Madoche

DEPARTMENT OF COMMUNITY PROGRAMS
OVERSIGHT COMMITTEE MEMBERSHIP

2005

*Merrell Runquist, Chair
*Hugh Mulliken, Vice Chair
Thomas Leist
William Berglund
Lee Forrest (part year)
*Mark Moeller (part year)
David Boyd, M.D. (part year)
Ron Lapin
*Peter Polich
*Mark Moeller
*Bob Ryan

*Denotes elected County Board Supervisors

NOTE: The chair-person of the committee is elected by the committee. Committee authority and membership is established under *State Statute 51.42 (4) (5*). The normal operating number for Door County's Department of Community Programs Oversight Committee has been nine members; composed of five elected supervisors and four citizen members. All citizen committee members must have demonstrated interest or experience in one or more the following areas of the department's services: mental health, developmental disabilities or alcohol and/or substance abuse. Meetings are always open to the public. Opportunity for public input is offered at each of committee's monthly meetings (by agenda item). The Department holds two formal public participation meetings during the year. All meetings and public sessions are advertised in local media.

DOOR COUNTY DEPARTMENT OF COMMUNITY PROGRAMS
MISSION STATEMENT

IT SHALL BE THE PURPOSE AND MISSION OF THE DOOR COUNTY DEPARTMENT OF COMMUNITY PROGRAMS TO PROVIDE A COMPREHENSIVE ARRAY OF STATUTORILY DEFINED SERVICES TO INDIVIDUALS AND THEIR FAMILIES IN OUR COMMUNITY EXPERIENCING CHALLENGES IN THE AREAS OF :

- **MENTAL HEALTH/EMOTIONAL WELLNESS**
- **DEVELOPMENTAL DISABILITIES**
- **SEVERE AND PERSISTENT MENTAL ILLNESS, AND**
- **ALCOHOL AND OTHER DRUG ABUSE**

THROUGH ONGOING COMMITMENT TO STAFF AND AGENCY DEVELOPMENT, IT SHALL BE THE DEPARTMENT OF COMMUNITY PROGRAM'S PRIVILEGE TO PROVIDE FIRST QUALITY SERVICES AND CONSULTATION TO THE COMMUNITY IN THESE IDENTIFIED AREAS.

Adopted by the DCDCP board: September, 1996

ADMINISTRATIVE OVERVIEW
2005

The Door County Department of Community Programs has been established to oversee and provide a broad spectrum of human services to persons who encounter a variety of personal challenges. The major service and program areas include mental health, alcohol and other drug abuse, developmental disabilities and the severely and persistently mentally ill.

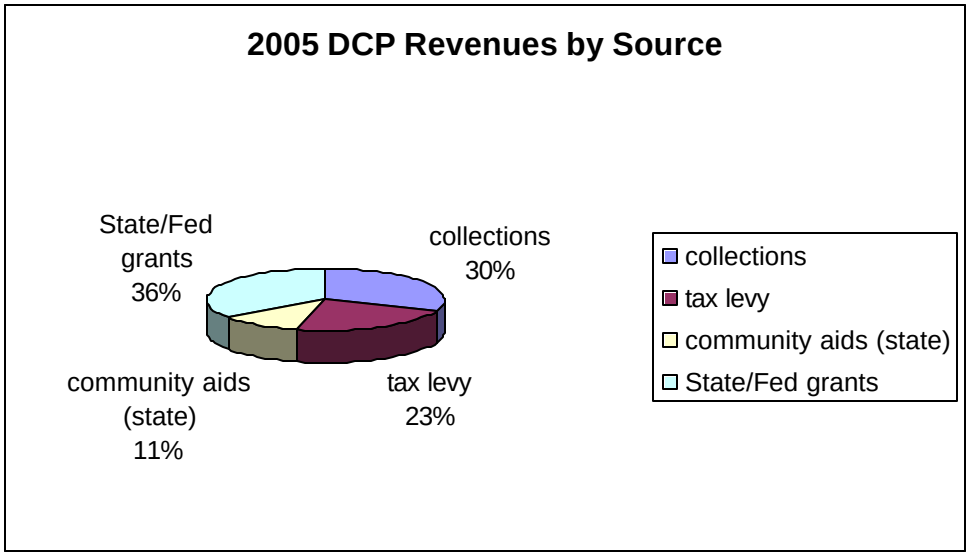
The Department is required to comply with state statutes, particularly Chapter 51.42, the Mental Health Act. The statute describes programs and services to be made available in each county of the state. The intent of Chapter 51 is to "enable and encourage counties to develop a comprehensive range of services offering continuity of care" to the identified populations.

The department is organized into various areas of service concentration as defined by disability areas. Each area of service is responsible for the delivery of statutorily defined programming on behalf of county residents experiencing difficulties due to mental illness, personal or family adjustment concerns, alcohol or drug abuse or developmental delays or disabilities. Community Programs also operates a 24 hour/7 day per week crisis response service.

Additionally, the agency is charged with the responsibility of providing consultation, training and support to various community agents regarding any of these disability areas. During 2005, the Department of Community Programs has continued to work in concert with a wide variety of community agencies and services to bring about increased awareness of problems and effective coordination of service efforts. The department has either directly facilitated or fiscally empowered the delivery of a variety of community education programs, violence prevention initiatives and mental health awareness efforts. Through its involvement in numerous community committees and workgroups, the department has supported parenting education, abuse prevention, jail diversion, programming for the elderly and specialized programming for troubled youth. (See additional detail of the department's community involvement's in the disability summaries to follow).

We have placed increasing emphasis through all program areas during this past three years on prevention and early intervention. Agency efforts to outreach through community presentations, partner with systems in joint projects and continuously emphasize the ongoing need to increase public awareness regarding human service needs, have yielded many positive outcomes outlined in this report. We have sponsored training activities for professionals, consumers and public committees and partnered with school systems to develop and implement wrap-around mental health services for elementary school age children (Integrated Services Program of Door County).

The department's funding is provided through a number of sources. These include state grants, federal grants and waiver funds, local tax levy and collections. The total annual operating budget for the Department of Community Programs in 2004 was $5,485,188 (up from $5,336,781 in 2003). The budget for 2005 was $6,445,805. Local tax levy support for the department moved from $1,421,373 in 2003 to $1,437,648 for 2004. In 2005, local tax revenue supporting the Department was reduced to $1,423,566 or 23% of the department's 2005 budget.



TOTAL BUDGET $6,445,805

Observations from 2003-2005 financial data include the following:

- The proportion of State Community Aids (Basic County Allocation) support for the Department's total budget **decreased from 13% to 11%** during the three-year period.
- The proportion of Local tax-levy support for the Departments total budget **decreased three percent**, from 26% to 23%.
- The proportion of State and Federal grant support for the Departments total budget **decreased eight percent** from 44% to 36%.
- The proportion of Department revenues from fee-for-service collections (private and governmental insurance, private pay) increased dramatically from 17% of the 2003 budget to 30% of the projected 2005 budget. This represents a **13% increase** over the three-year period.
- In actual budgeted dollars, tax levy support **increased only $2,193** over this period.
- In actual budgeted dollars, State/Fed aid **decreased by $99,817**.
- In actual budgeted dollars, Community Aids **decreased by $1,595**.

In summary, virtually all of the Department's growth over this three year period (approximately 20%) has occurred as a result of the concerted efforts on the part of agency administration to expand fee-for-service collections. Without these efforts, the Department would have been required to execute staff layoffs and/or program cuts.

Efforts toward revenue expansion from collections began with an internal study conducted by agency management in 2000. Department staff reviewed all existing sources of non-tax revenue and evaluated the systems in place to collect them. Numerous recommendations were offered and a time-sequenced implementation plan was developed. Over these last five years the Department has:

(a) reviewed and revised rates for services twice,
(b) formalized the intake procedure to assure the receipt of accurate financial information from clients,
(c) added contract hours for our accounts receivable functions in order to secure improved tracking of patient accounts,
(d) implemented a new, revenue enhancing program (Medical Assistance Personal Care Program),
(e) began contracting with an outside collection agency to more aggressively pursue outstanding debts. These, and other changes have allowed the Department to nearly double our fee-for-service collections from $932,935 budgeted in 2003, to $1,854,060 budgeted in 2005.
(f) Made substantial progress in acquiring and implementing an integrated accounts receivable software package.

Virtually all Department staff have contributed to these efforts and are to be commended for the obvious success. As noted, these initiatives have allowed the Department to maintain, and in some cases expand services **while holding local tax-levy support for programs essentially unchanged for three years** (increase of only $2,193).

The Department's most significant fiscal challenges include three essential forces over which the county and Department administration have little control. First, the formula used to calculate the primary funding source from the state (basic county allocation) has been set since the early 70's. This is the reason for the unchanged funding levels over the past decade. Second, the costs associated with providing citizens inpatient mental health and alcohol and other drug treatment care are by far, the most costly single per diem contract we execute. Most significantly, these costs are **unpredictable and legally mandated** through the involuntary commitment procedures outlined in chapter 51 of the state statures. Lastly, demands for services have increased. The Department served over 1,100 Door county citizens in 2005 and, has maintained waiting lists in three of our four program areas (developmental disabilities, community support and alcohol and other drug abuse) for several years.

As noted in previous annual reports, the Department implemented in July 2002 our new computer software program, The Clinical Manager. "TCM", has provided agency-wide application and integration of clinical and administrative functions. The program has allowed for improved efficiency through immediate access to all client records, ease of data entry, and uniformity of data presentation to staff. The Department continues to work towards full implementation of the accounts receivable functions of the program.

During 2003 and into 2004 our department moved into the "digital age" through transition of our paper charts, into digitally imaged formats. The process began in March 2003 and had continued into the early part of 2004. The technology allows desktop access to all paper documentation from each of our client files at the touch of a button. As the paper records have been imaged and ultimately shredded, we have been afforded more space in our record storage area, relieving an already overcrowded environment. As paper is produced, Department staff "D.I." the material and file it in the clients electronic chart. Paper is then destroyed (shredded) to assure confidentiality of all client records.

The department has continued to work collaboratively with other departments and committees regarding the provision of services to individuals within the jail. We are interested in not only assisting the jail with acute treatment needs they may have, but also in being a partner with other groups to address the concerns regarding the causes for the increasing jail population. Our co-occurring disorders specialist has been able to increase the department's presence in working with not only acute care cases, but with the Huber population; affording them greater treatment opportunities (group and individual) within our clinic). The department has worked closely with the county "transition team" seeking to provide ongoing services to jail residents. The jail opened in late 2005 and agency services at that site were expanded. Plans are underway to involve various community groups in offering educational opportunities and services in the new jail resource center.

The department was successful in 2005 in locating and hiring a new full time psychiatrist to service as the agency medical director. Dr. Anne Miller began her work with the Department in October and by years end had seen most of the approximately 250 clients served by psychiatric services. Additionally, the presence of a full time physician has allowed unprecedented access to community based psychiatric emergency services. Thus, more expensive hospitalizations or institutional placements have been avoided.

Finally, the department continues to struggle with management of space concerns. The department employs 25 staff. Of these, four clinical and two clerical staff, along with four independent contractors (10 'bodies') share four office environments originally designed to be single offices. Department staff are challenged in their capacity to provide services, work without interruption and assure clients secure environments as a result of our limited space. Department administration has continued to work closely with the county architect to develop expansion plans in the Courthouse following the move of the courts and their related departments to the new justice facility which occurred in the fall of 2005.

To this end, the Department obtained permission to have one of its service units (Community Support Program) move into the offices vacated by the Child Support Agency. This has assisted in reducing some of the overcrowding, yet more space remains needed to adequately service our nearly 1200 clients.

This report is laid out by program area. Each of the agency program coordinators has summarized the years' events relating to their service responsibilities; alcohol and other drug abuse, community support program, mental health and developmental disabilities. The report provides excellent summary information for those unfamiliar with the department's functions as well as more in-depth data for those interested persons whom have followed our work for years.

We would like to thank the County Board of Supervisors as well as our own oversight committee for their financial support during this past year. Also, we thank all the taxpaying citizens of our county who have consistently chosen to support the services delivered through this agency. We greatly value and respect the public trust placed in us and will continue to strive for excellence in service, accountability to all our 'customers' and continued dedication to our mission.

Respectfully Submitted by:
Mark A. Morrison, LCSW
Program Director
April, 2005

ALCOHOL AND OTHER DRUG ABUSE PROGRAM
ANNUAL REPORT – 2005

I. MISSION

It is the mission of the Alcohol and Other Drug Abuse Program to provide quality prevention, assessment, intervention and treatment services for individuals and families of persons who suffer with the disease of chemical dependency.

It is the commitment of the Alcohol and Other Drug Abuse Program to deliver these services in an environment, which allows for dignity, respect and opportunities for positive change.

It is the duty of the Alcohol and Other Drug Abuse Program to enhance empathy, awareness and appropriate community services for chemically dependent persons as well as to promote healthy choices and habits among the community at large.

II. STAFF

AODA staff positions have remained unchanged in 2005. They include Joseph A. Krebsbach, AODA Coordinator, Cheryl Hansen, co-occurring disorders specialist and Pam Hirn, AODA counselor. We have also continued to contract with Perry Ackeret for OWI assessments. The agency also contracts for additional AODA counseling services with an outside agency. The person serving in this capacity in 2005 was Joshua Gandolf.

III. OUTPATIENT CLINIC SERVICES

Direct Services

The AODA Program is responsible for providing a full spectrum of services, including assessment, outpatient treatment, residential treatment, and detoxification services. We provide assessments and outpatient counseling directly through the Community Programs office. Residential treatment and detoxification services are contracted out to other providers.

Throughout 2005, we have had an increased problem with a waiting list for AODA services. Pregnant women, crisis intervention clients, individuals in need of medical detox or residential treatment and adolescents, are given priority status on the wait list. As a result, some individuals do not move along very quickly on the wait list if we have a string of referrals that meet the criteria described. At times the waiting list has been over 60 people. The average wait for individuals was over six months.

AODA programming at DCP includes assessments, individual, group, and family counseling. Services offered include, a primary treatment group that meets one time per week for two and one half hours, a continued care group that meets one and one half hours and a relapse prevention group that is also one and one half hours. Each of these groups is available one time per week. Some individuals may attend multiple groups and individual sessions if they need more support in their recovery.

In 2005, the AODA program served 320 individuals. This is 25 more individuals served than in 2004. Of the 320 clients served, 93 were intoxicated drivers, and 78 were ordered to receive assessments either through the courts or through probation and parole.

This is significantly higher than the previous year.

The AODA program continued in 2005 to direct specialized treatment efforts to assist Door County jail inmates. A total of 47 inmates were provided 182 separate contacts while they were incarcerated. That is 20 more clients than were seen in the jail in 2004. That will likely increase even more in 2006, now that the jail has moved into the new facility and we have dedicated eight hours per week to the serving clients at the jail. Inmates are able to request counseling services at any time for AODA issues. Due to limited department resources, jail inmates are seen on a first-come first-serve basis. However, those who have been sentenced will be seen first.

Crisis Services & Consultation –

The entire agency of on call staff provide emergency services in the form of assessments and recommendations to individuals who are either impaired by their ingestion of alcohol and/or other drugs, or are potentially suicidal. The entire on call staff attends an eight-hour training put on by the DCP Coordinators and Director each year.

The AODA staff provided nine non-crisis consultations to Door County Memorial Hospital. A primary physician for patients who were going through alcohol or drug withdrawal while hospitalized requested these consultations. Following the consultation the AODA staff assisted the hospital discharge planning staff with facilitating follow-up care.

Consultation services have been provided throughout the year to schools, community groups, private medical and behavioral health providers and businesses. AODA staff will also provide educational presentations to any county group or organization wishing to become more informed about addiction or recovery.

IV. INTOXICATED DRIVER PROGRAM

The DCP AODA program is responsible for completing OWI assessments and monitoring compliance with treatment recommendations for all individuals convicted of drunken driving in the county. Through our contracted position we completed a total of 242 assessments in 2005. There has been a 65% increase in OWI assessments in only two years.

In 2005, we made significant progress in our tracking of OWI clients completing their required drivers safety plans. We became more efficient at tracking individuals to make sure that they were following through with the services recommended as well as making sure they were held accountable to pay for those services.

V. PREVENTION/EDUCATION

A limited amount of time is available to focus on prevention due to the increasingly high demand for direct service. There has been continued support of the Strengthening Families Program. This is a six-week family-based instructional/interactive program being implemented in the county focusing upon parent-child communication. The Strengthening Families Program has been shown effective though national research in reducing alcohol use and abuse amongst young people. The Department has provided some funding while the UW-Extension office has offered continuing organizational and technical support.

The AODA Coordinator oversees the administration of the AODA Block Grant monies. These monies can be use for prevention, intervention and treatment services. In 2005 some of the grant monies were used to support the following:

- Strengthening families prevention program.
- School programs such as concerned persons groups.
- Kimberly House.
- Payments for some residential treatments.
- Contract for 32 hours of direct client services per week.

VI. 2006 CHALLENGES

As in 2005, the biggest challenge will be determining how to handle the increasing demand for services. Our number of clients served through OWI assessments, and Court ordered assessments, have continued a steadily rise over the past several years. Our list of individuals waiting for AODA services has averaged 40 people throughout the year. We have worked with community resources to develop some alternative programming and we will attempt to create a new screening system in 2006 to get people into services sooner.

We also expect an increase in AODA services provided in the jail. With the move to the new facility, there is now office space for both individual and group counseling that was not available previously. As mentioned above, we have dedicated eight hours per week to services at the jail. In 2006, we will begin a group program called Inside Out which is based on the SMART Recovery program. This program will be offered to inmates one to two times per week. The goal of the group is to help individuals stop chemical use and repeated legal offenses.

While continuing to meet these increases in service, we will provide ongoing consultations and education about addictions whenever possible.

Respectfully Submitted,
Joe Krebsbach BSW, CADCIII
AODA Coordinator
March 3, 2006

COMMUNITY SUPPORT PROGRAM
2005 ANNUAL REPORT

MISSION STATEMENT

It is the mission of the Community Support Program of the Door County Department of Community Programs to provide comprehensive community based support services to persons living with severe and persistent mental illness.

This is achieved by providing every manner of service in both traditional and non-traditional formats deemed necessary to support and maintain independent, community based living among identified consumer/clients.

PROGRAM PHILOSOPHY

No matter the parameters of an individual diagnosis nor the duration of the illness, there must remain the belief that all persons can and will grow and prosper in an environment of support and respect. Indeed, the process and parameters of that growth will vary with each individual.

HISTORIC DEVELOPMENT
COMMUNITY SUPPORT PROGRAMS AS TREATMENT

The Community Support Program concept began across the United States during the late 1960's in response to a national mandate requiring the ultimate shut down of all institutions treating persons with chronic mental illness. These closures resulted, nationally, in thousands of individuals being "delivered" to the unknown…the community. The massive discharges had devastating effects on both consumers and the community at large. Medication non-compliance and unbridled aggression, at times, became an issue for communities wholly unprepared to assist or manage the needs of persons previously "controlled" with routine and medication. Housing, something never questioned while hospitalized, became a critical nationwide issue. The trials of homelessness coursed through the streets of major metropolitan areas and small towns similar to Sturgeon Bay.

All states were pushed into finding some means with which to answer the resultant homelessness. Persons without shelter ultimately were found to be those men and women previously "housed" in institutions. Wisconsin State Statue HSS.63 was conceptualized and then put into effect in the state in the early 1980's as a result of the changes in treatment concepts and the demands of society at large to address homelessness and mental illness.

The Community Support Program of the Door County Department of Community Programs began in 1980 and has grown from its original activity/diversion mission to its present service and activity status. The program operates under the authority of State Statute Chapter 51 and is operationally governed by State Code HSS.63. The foundational goals of assisting consumers in obtaining and maintaining the greatest degree of personal independence and community integration have remained unchanged since the program's inception.

SERVICES AFFORDED CSP CONSUMERS

The Community Support Program offers a comprehensive array of services to persons experiencing the distress of severe and persistent mental illness. We believe that individualized attention, focus on strengths and careful medication management can produce outstanding results. We strive to afford each client the maximum level of independence and community integration possible. We believe that quality outpatient care enhances consumer's quality of life and minimizes the need for expensive and restrictive institutional care.

We continue to offer the following services designed to accomplish these goals.

HOME & COMMUNITY BASED SERVICES
MEDICATION MANAGEMENT & MONITORING
SYMPTOM MONITORING
HOME BASED NURSING SERVICES
DAILY MEDICATION DELIVERY
CLIENT ADVOCACY & SERVICE LINKAGE
COUNSELING & SUPPORTIVE PSYCHOTHERAPY
PAYEE SERVICES
PSYCHOLOGICAL TESTING & SUPPORT
FAMILY EDUCATION, INTERVENTION, & SUPPORT
GROUP INTERACTIVE OPPORTUNITIES
24 HOUR CRISIS INTERVENTION

2005 PROGRAM SUMMARY

Medications & Supplemental Programs

State of the art medications, innovative treatment approaches, and continued research enhance both the quality of service and positive client outcomes. New medications and increased research on the origins of severe mental illnesses continued as significant program assists in 2005. Provision of client access to Patient Assistance Programs has increased markedly and continues to allow all clients, regardless of their means, the best in medication management. This is critically important to those of our CSP clientele who have Medicare insurance only. Medicare does not pay for medications and this is a major

financial burden for persons with only this coverage. A number of new clients came to us in 2005 with no income. Awaiting Social Security Disability Income (SSDI-SSI) decisions is a lengthy process. This tapped our resources of sample medications and block grant supported medication expenditures. Our reliance on sample medications and on expedient application to the Patient Assistance Program is one of the features of the CSP program that helps our consumers remain in the community and out of the hospital.

Several persons were supported in 2005 in hospital diversion. We moved three individuals out of long term placement into supported apartments awaiting their decisions from Social Security. Cost savings for this diversionary action amounted to the difference between $5000+ per month per person for placement and $600 per month apartment support.

Group Treatment/Activities in 2005 included

Program efforts to carry out HSS.63 mandates for socialization skill enhancement and medication management education have resulted in offering group activities to the members of the CSP. Monthly socialization groups which include monthly gatherings at a local restaurant; music group, men's group; and bowling. We still have not been able to restart the Art Group but hope to do so in the future. The bowling group continues to be a well-attended event. We have some excellent bowlers with high scores.

Celebrations and Special Events

Cooking activities of our client groups supported our Thanksgiving Potluck event at the United Methodist Church. The CSP 2005 Holiday Extravaganza was fantastic! We again went to the White Birch Inn. Many more families and client friends attended the event in 2005. We are truly grateful to the community members and business owners in the County of Door who made this a $10,000 event with the inclusion of cash donations and goods.

Community Partnerships

The program has continued to partner with established community groups who support the mission and objectives of the CSP. Our relationship with NAMI (National Alliance for the Mentally Ill) of Door County continues to be solid in 2005. We have had many shared events throughout the year. NAMI sponsored a Chicago Fireboat Tour in the summer of 2005. This event was amazingly well attended with lunch following at Sonny's Pizzeria. NAMI continues to send birthday cards to all that have signed releases and the surprise for the client is a $5 bill inside the birthday card. They also send Holiday cards every year. The annual July picnic sponsored by NAMI is also very well attended. This organization sponsors many other events throughout the year and this provides clients yet one more social outlet with more community members. This is a great augmentation to the services provided via the CSP program. We persevere in collaboration with NAMI and all other natural supports of consumers in order to maximize client independence and engender the development of lifelong support networks.

Dollars Saved by Using and Supporting CSP Programming

Most germane to a County run Community Support Program is the tremendous cost saving to the county and the community at large. State mandated, community based CSP services to this very vulnerable and little understood group save thousands of dollars each year. This is in contrast to the per diem rate of from $670.00 {per day @ BCMHC and $ 680.00 per day @ WMHC) for inpatient psychiatric hospital care. Other institutional settings (group homes, Community Based Residential Facilities, halfway houses, etc.), carry daily rates ranging from $63.00 to $310.00.

Program Efforts

The CSP of this agency provided services to over 76 consumers during 2005. Program staff has been challenged in this year with the need to have a number of individuals placed in CBRF and/or Adult Family Home placements

In 2005:

- Eight individuals lived in a local CBRF.
- Four individuals lived in AFH (Adult Family Home) both in Green Bay and in Sturgeon Bay.

We had been previously successful in getting all of our client/consumers placed either in Green Bay or in Sturgeon Bay. The need to go outside Door County is based solely on the fact that we have limited residential services here for special needs populations. Lack of adequate protective housing is an on-going and disconcerting issue that has been a concern since the inception of the CSP program. We have been able to work in partnership with our out-of-county placements to have these individuals participate in CSP activities, despite the distance between them and Door County.

The majority of our client/consumers live on their own or with their partners or parents. Our current client group spans the Peninsula from Washington Island to the southern most border of the county.

The CSP program continues to put forth all reasonable efforts to help consumers attain and sustain independence. It is the prevailing goal of the CSP to assist clients in reducing or eliminating in-patient hospital stays. As a result of intensive case management individuals who are hospitalized generally require fewer and shorter stays. The hands-on, do what must be done approach provides many positive, measurable results.

Use of Hospital Stays

We continue to work closely with Holy Family Memorial Medical Center in Manitowoc, WI. Contractual relationship with them has allowed us to have clients with Medicaid to pay the majority of their hospital stay. The other benefit wrought from this close working relationship is that we have very clear after-care planning. This is clearly of benefit to

the client but also affords easy communication between the hospital physician and the treating doctor at DCP. With the inclusion of out Dr. Anne Miller on our staff there is greater doctor to doctor collaboration thus affording our clients the best possible service.

The Value of a Community Support Program in Door County

The benefits and value to the community as a result of effective CSP programming are many.
First, there are significant cost-savings accruing from shortened hospital stays and reduced numbers of individuals moving into those settings. Second, heightened life satisfaction and an improved sense of independence and community integration are evident in client reports. Lastly, the increased number of consumers who contribute to the economy through full or part-time and volunteer work becomes an economic and cultural advantage.

PROGRAM CHALLENGES IN 2005

Two CSP clients died in 2005. The loss of a client is always a sad event for the family, the CSP team and the community. CSP staff provides assistance and support to others during this time as well. CSP clients develop close bonds with one another thus the loss of one of their friends spreads grief in many directions. CSP staff members offer support in an effort to strengthen surviving clients and assist them in grief resolution.

There has been a great influx of very complex clients in 2005. These individuals have all entered our services with very complex psychiatric challenges. The challenge to staff is the depth of service they require to remain solvent in the community.

CLIENT ACHIEVEMENTS IN 2005

- Five of our clients continue to do community volunteer work.
- One of our group continues to attend college classes full time.
- Thirty of our clients were employed. 23 -part time. 3 in supported employment. 4 full time.
- Two of our clients with diagnosed alcohol or drug issues have continued to remain abstinent.

2005 PROGRAM ACTIVITIES & SUCCESSES

- CSP maintained Certification status with a two-year license.
- Eighteen certified program participants.
- Billing to the State Medicaid program was just over $200,000 for certified clients.
- Billing represented 2,795 hours of service to certified clients.
- Services to non-certified persons ran in the range of 8,832 hours.
- Staff and client partners presented seminars to the Psychology Classes at the high school.

- Third annual Thanksgiving Potluck with a turnout of over 80 clients and family members. Festivities were hosted at the United Methodist Church in Sturgeon Bay.
- Holiday Party with community involvement was another high point in our program year & particular underwriting by White Birch Inn.
- Lunch Group continued on a monthly basis in 2005 with a general increase in attendance and an added social component.
- Summer Picnic with a huge attendance.
- Acknowledgment of all client birthdays with a personalized card and a "global" birthday cake at the summer picnic continues as tradition with the assist of donated cards.
- Three staff members attended the annual Crisis Conference.
- Two staff members attained training in working with Borderline Personality Disorders.
- PCW program services began with heightened service delivery to consumers and increased revenue to the CSP program
- Monthly newsletter and calendar goes out to each consumer which has increased attendance at CSP events and group activities.
- Music group caroling throughout the Courthouse and downtown Sturgeon Bay began in 2003 and continued in 2005. We are well received in the Courthouse and this year family members joined in the festivities.

VOLUNTEERS AND GRANTS

In 2005 monies from the Mental Health Block Grant continued to fund the supplemental medication coffers at a local pharmacy. Our innovative "Taxi Tik" program also continues and provides clients with an increased capacity to socialize and be independent.

The benefits of using block grant monies to avail individual transportation and autonomy for clients goes far beyond the financial parameters. Because of this program a number of our clients are experiencing a vast world heretofore unknown because of isolation. They continue to shop for their own groceries, travel to a matinee movie, stop for coffee with friends, make their way to medical appointments, and generally experience increasing independence and community integration.

The involvement of NAMI members offers to our clients a group of knowledgeable and caring volunteers. Their help and involvement in activities is always appreciated. One of the great rewards, though intangible, is the increase in ease that clients exhibit when in social situations. The drive to embrace each person into the community as a whole is practiced at every NAMI event.

STAFF INNOVATIONS AND ACHIEVEMENTS

Paul A. Klapatch, BA assists in all groups but has spearheaded the Music Group again this year. He has begun to do some teaching with our staff on various learning techniques that are viewed as enormously helpful.
Melissa Conkright, BS has also undertaken a couple of projects. She became the lead person in donation acquisition. The results of her talented search made for the best ever holiday party!
Glen Begrow, Jr. MSW joined the CSP team in late July. He originally hails from Wisconsin but came to us from New York State. Glen took on the Men's Group upon his arrival.
Nancy Taylor, Psych Tech, continues to deliver medications to clients as needed. Often twice a day and seven days a week. Nancy has now taken on an assigned caseload as well as "other duties as assigned."
Margie Rock, RN, has fine-tuned our medication delivery system to a tee. She is an honored addition to the team and packs medications for about 32 individuals every week and gives multiple injections each week.
Sherry Pesch, Payee Services, handles the checkbooks and payments of 24 clients every single month. We couldn't manage without her!

The Clinical Manager {TCM} computer program is fabulous for the CSP team and offers us a useful means of co-case management. This has enhanced our capacity to bill for services rendered. The inclusion of digital charts also augments our capacity to know client histories and to serve them well.

We have embraced the tenets of the Personal Care Worker {PCW} program and have nine CSP clients receiving PCW services. This is a great accomplishment! Previously held opinion indicated that PCW wasn't for persons with severe and persistent mental illnesses. It is and it can and is being done! In 2005 there has been a fabulous increase in the use of PCW workers and this has clearly increased the quality of life for those individuals receiving these services.

2005 afforded us the opportunity to move from 2 very crowded offices to rooms across the hall from DCP. Staff persons are much more productive in this quiet environment. Clients seem very comfortable visiting the new area. Most importantly, our nurse has a room in which she can give injections in a private and safe space.

OBSERVATIONS/CHALLENGES FOR 2006 & BEYOND

OBSERVATIONS

- The Community Support Program continues to serve less than one third of the individuals affected by severe and persistent mental illness in the County {prevalence estimates}, despite the increase in program participants. It is clear that referrals will continue to increase. Future programmatic exactions remain as significant as they have been over the past ten years.

- Significant numbers of clients continue to remain volitionally un-medicated and are allowed to do so with support of the legal system;
- A continuing trend of out-of-state moves to Door County by persons with severe mental illness;
- Many clients who now have numerous medical issues {diabetes, high blood pressure, etc.}
- Increasing referrals of very young {17 yr. old} individuals who are profoundly ill;
- An increase in regular, appropriate program referrals; and,
- Transfers from other programs due to increased need for client contact.
- Beginning to assist clients in attaining Medicare D coverage.

RECOMMENDATIONS

- Maintain Certification
- Certify all possible persons to increase billing capacity.
- Continue documentation trail to bill for MA Case Management as availed by our new TCM program.
- Maintain billing timeliness at 100% throughout the year 2006.
- PCW workers assigned and maintained for 20% of our clients during 2006.
- Increase in therapeutic group activities for all clients.
- Increase Medicare therapeutic opportunities for clients.

The use of volunteers in serving the needs of this client group must continue as it has in the past. Evidence of the continuing and growing need for CSP services was borne out in dramatic ways again in 2005 with a marked increase in referrals and persons moving to the county from out of state.

Exploration of alternative and augmentative funding sources must also continue. With increased client case loads comes increased client need. Of primary importance is continuation of baseline services which afford so many a degree of personal independence and community integration otherwise unrealized. Additional, innovative programming such as the Art Program, the Taxi Tik Program, special events and skill development groups serve to enhance quality programming and must continue.

Collaboration with community groups, utilization and encouragement of natural supports, and expanding community awareness and thus consumer opportunities will continue to be the benchmark issues for the growth and continued development of this highly innovative county service.

Respectfully submitted,

Clare Anne Jacobsmeier, MSW, LCSW
Community Support Program Coordinator/Director
1 March 2006

DEVELOPMENTAL DISABILITIES PROGRAM
2005 ANNUAL REPORT

PROGRAM SUMMARY:

The Door County Department of Community Programs Developmental Disabilities Office is governed under Wisc. Statute 51.437 assuring the provision of a full range of treatment and rehabilitation services for people with developmental disabilities is available in Door County. Such services are specialized services or special adaptations of generic services directed toward the prevention and alleviation of a developmental disability or toward the social, personal, physical or economic habilitation or rehabilitation of an individual with a disability. These services may include diagnosis, evaluation, treatment, personal care, day care, special living arrangements, training, sheltered and supported work, advocacy and socio-legal services, follow along/case management services, and transportation services necessary to assure delivery of services for people with developmental disabilities.

"Developmental disability" is defined by the state statutes as a disability attributable to brain injury, cerebral palsy, epilepsy, autism, Prader-Willi syndrome, mental retardation, or another neurological condition closely related to mental retardation, or requiring similar to that required for mental retardation, which has continued or can be expected to continue indefinitely and constitutes a substantial handicap to the individual. The minimum service standard requirements for each of the services provided to the consumers are set forth in ss.HFS 61.30 to 61.46. Wisc. Adm. Code.

The Door County Department of Community Programs in conjunction with a variety of funding sources, including state, federal, and local tax revenues, provides funding and services to an estimated 325 people with developmental disabilities.

MISSION STATEMENT

The mission of the Door County Department of Community Programs Developmental Disabilities Office is to empower people with disabilities to make choices, and exercise control over their lives.

The strength of our commitment and foundation in the delivery of services prevails:

- *By offering a flexible, ongoing, individualized circle of support*
  And
- *By promoting independence and self-determination within families and our community.*

For the purpose of this annual report, services will be broken down into the five major categories of service delivery, including Birth to Three Early Intervention Program, Family Support Program/Childrens Services 3-21, Respite Care Program, Adult Supported Living Services, Adult Vocational/Day/Recreational Services. A summary of the year 2005-program highlights will also be made.

Birth to Three Early Intervention Program

The Early Intervention Program is a federal grant program administered by the state DHFS and Community Programs [s.HFS 90.06 (1) Wis. Adm. Code]. The program operates a "child find" system to ensure identification of children who may be eligible for the program and to establish linkages with the program. Identified children are screened, and referred for further evaluation by the Birth-to-Three team. If a child is determined eligible for the program, due to a developmental delay or a physical or mental condition likely to result in a developmental delay, a child may receive early intervention services. Services are based on an Individualized Family Service Plan (IFSP) developed for the child and his/her family in concert with the Birth to Three Program team and provided in a natural environment.

The program provides a wide range of individualized services from the Birth to Three team of two speech and language therapists, Birth to Three educator, occupational therapist, physical therapist, social worker, and Birth to Three service coordinator.
Fifty -one children received Birth to Three Program services in 2005. The program when compared to previous years did not see as many referrals but the children that were referred appeared to have more pervasive challenges. The need for collaborative work with other support programs prevails. Increased energy was invested in collaboration with Social Services on children who are referred for child welfare issues; pediatrician interface; and Healthy Families supporting families with other challenges. The Birth to Three Program provides ancillary support services which include a weekly integrated play group for children and their caregivers, infant massage therapy, parent education and networking opportunities, and various community child find activities with the local Public Health Department, Family Resource Centers, and other collateral agencies supporting young children and their families.

The guiding principles governing the Birth to Three Early Intervention Program salute the need to hold children up and search for optimal development; to see the family as a partner and the key to success;and to believe early intervention enhances the development of children and can make a difference.

FAMILY SUPPORT PROGRAM/CHILDREN'S SERVICES

The Family Support Program is a categorical community aids program distributed through DHSF each year to Community Programs. The program is governed by s. 46.985, Stats and is intended to provide support services to families with severely disabled children. The purpose of the program is to enable the family to keep the child at home or to return the child home from an institution or other out-of-home placement. A broad range of services may be provided by the program, including: architectural modifications of the family home, child care, counseling and therapeutic resources, dental and medical care not covered by private insurance or public assistance programs, specialized evaluation, specialized diet & nutrition, specialized clothing, and other goods or services approved by DCP.

Families contribute to the cost of the program's services based on ability to pay. The annual program grant to a family is built on the level of financial need for goods and services, a program funding limit of no more than $3000.00 for each disabled child in the family, and program funding availability. In addition to the actual grant awarded each family, ongoing case management and support services through DCP are made available.

85 Estimate number of children currently eligible for FSP services in Door County
42 Total number of children fully served with FSP service dollars during 2005 (Does not include 'under-served')
11 Total number of children on the waiting list for FSP services in December, 2005
65 Total number of children expected to be served with FSP dollars in 2006

In addition to the implementation of the Family Support Program, staff are available to render case management services to children ages 3-21. Case management may include assisting families with special education services and the IEP process, connecting families with medical and dental services, advocacy and parent support resources, applications for public funding (such as Katie Beckett/Medical Assistance or SSI), school transitioning, and supportive counseling services.

The Family Support Program operates an independent advisory committee comprised of parents of children with special needs, professionals within the community, and DCP staff. In 2005 this advisory committee addressed the issues of child find and integrated childcare in our community, respite care, continued development of a local parent support group, Autism services, and ongoing evaluation of the delivery services for children with special needs.

RESPITE CARE PROGRAM

The Respite Care Program is a local county tax funded program available to families with adult or children with developmental disabilities. Under this program, "respite care" means care that is provided to a person with special needs/developmental disabilities or a person at risk of abuse or neglect, in order to provide temporary relief to the caregiver of that person or when the caregiver is unable to provide care [s.48.986 (1) (f), Stats]. This program is seen as a preservation of family resource and aimed at preventing institutionalization. The unique feature of respite care is that the recipients of the services are the family members or the primary caregivers, not the special needs individual.

Respite care can be provided in a variety of settings in and outside of the home. Respite care is for short, specified periods of time on an intermittent basis. The Door County Department of Community Programs has developed a rating scale to determine rate of reimbursement based on an individual's level of care. Allocations are made based on available funding. All respite care providers are required to participate in eight hours of training per year and complete a caregivers background check before providing the

service. Providers are selected by the family whenever possible, consistent with the self-determination model of service delivery.

In 2005, Door County Department of Community Program provided fifty-seven consumer families with respite care. This program often times in conjuntion with the waiver programs like CIP and COP remain the pivotal resources to getting respite for families. The Respite Care Program continues to work closely with both adult services and children's services to maximize funding and disbursement of respite funds.

In 2005 the program was challenged to look at respite care needs for the whole county, regardless of the child's disability. Families have collaborated and are seeking some common resources to address this need that exists. The program will ultimately see additional changes in the upcoming year as the need for more self-determination and allocation of resources remains at the forefront of service delivery.

ADULT SUPPORTED LIVING PROGRAM

The Adult Supported Living Program is set up to address the needs of adults with developmental disabilities, primarily in terms of long term community support services. The philosophy of the program is to promote choice of who will provide the personal care and activities of daily living skills training necessary to live as independent as possible, how those services will be delivered, and what the delivery of services will look like. Self-determination and community integration is the guiding principles and underpinnings of this program.

Many of the estimated 125 consumers receiving adult services have Community Integration Program (CIP) federal MA funds [over 100 consumers remain on a waiting list for such funding] Services funded under the waivers are made available through DHFS approved individualized service plans. DCP conducts an assessment through the use of a new Functional Screen put in place by the State and required of each consume accessing services, develops an Individual Service Plan (ISP) which is then approved by DHFS. Eligibility is re-determined on an annual basis. Presently there are four waiver programs. One, serving people relocating from the institutions/Sate Centers and, second, persons diverted or relocated from other ICF-MRs and nursing homes. The third waiver program is directed toward individuals relocated from post acute care brain injury programs. And the fourth waiver program is the COP Program designed to serve as a match-dollar source for other waivers. The services the waiver programs fund include supportive home care, daily living skills training, day services, prevocational services, supported work, respite care, home modifications and other ancillary support services to ensure the health and safety of the consumers in the least restrictive setting. Equally as important, this program offers staff support and intense, aggressive case management services to ensure consumer driven choice and community placement. The Department of Community Programs contracts with Specialized Services, LLC for the securing of the individual providers working with consumers in the community and an adherence to the guiding principles that founded this program. Ongoing training for all providers in this

program remains a necessary feature and one the staff reinforces and makes available to everyone through monthly formal training sessions.

In addition to the consumers on the waiver programs there are a number of individuals who receive case management and follow along services. If possible, MA is billed for those services. These consumers are the identified waiting list candidates or consumers who request only follow along support. Staff continues to work to support these consumers with the same philosophy and individualized support plan to meet their needs.

ADULT VOCATIONAL,DAY AND RECREATIONAL SERV ICES

Both ss.51.42 and 51.437,Stats, contain lists of other services which DCP are directed to provide in carrying out their program responsibilities. Such services may be provided directly by DCP as evidenced in the above highlighted programs or by private agencies under contract with DCP. Vocational services both prevocational services and supported work services are provided under such contract. In 2005 DCP contracted with Sunshine House, Inc. and Eastshore Industries out of Algoma for prevocational services and two different supporteded work services, Clarity Care out of Green Bay and NEW Curative out of Green Bay. In 2005, Sunshine House provided an estimated sixty consumers with direct prevocational services, personal care program services and transportation to/from work. The goal of prevocational services is to provide the necessary support whereby the consumers reach their optimum vocational rehabilitation goals and establish the necessary work ethic that allows for independence and productivity in the world of work. The varied work experiences provide consumers with opportunities for personal challenge and potential for increased wages. The world of work remains a very important part of the lives of people with varied disabilities.

A variety of other small contracts are maintained by DCP to provide day programs options for people not involved in prevocational training and supported work. Approximately 18 consumers access other individualized programs in the community. Options remain important when embracing a true philosophy of self-determination. Recreational opportunities are individualized through consumer's service plans with emphasis on natural supports and enlisting consumers in community civic groups and other integrated opportunities both through Sunshine House and/or Specialized Services. Special Olympics remain a steadfast resource for sporting competition and socialization for our consumers.

PERSONAL CARE PROGRAM SERVICES

In late 2001, the Door County Department of Community Program DD Program and Community Support Program embarked on a MA Program directed under HSS 107.112 whereby DCP became a certified provider for personal care services. Personal care services are medically oriented activities related to assisting a consumer with activities of daily living necessary to maintain that individual in the community. Both programs at DCP maintain this philosophy in their work with consumers, and many of the activities performed under existing services such as Specialized Services residential support

providers and adult family home providers had already mirrored this type of program. Therefore, it only appeared fitting and financially appropriate to enroll in the MA Personal Care Program. The personal care workers and the supervising RNs of the program are contracted through Specialized Services. The services afforded consumers through this program are provided under written orders of a physician and delivered by a certified personal care worker.

In 2005, forty-seven consumers were served in this program. The nursing monitoring piece has been a highly valuable support and resource to consumers with health needs and disabilities.

2005 DEVELOPMENTAL DISABILITIES PROGRAM HIGHLIGHTS

- The D.D. Program operationalized the Functional Screen, required by the State, for all children and adults.

- Staff served on a variety of community boards/advisory committees:

  Preschool Interagency Planning Council
  Community Coordinated Response Team
  Community Options/Long Term Support Committee
  Legal Aide Board of Directors
  Door County Early Brain Research Team

- Continued staff training in the areas of early brain research, legal advocacy, self-determination, updates on Autism, and various boundaries and ethics trainings.

- Procured Teen Grant through Wisconsin Council on Developmental Disabilities to work with local teens with disabilities on self-advocacy skills training.

- Procured grant from WI Community Links Projects to contract with someone to administer a quality assurance tool with the adult family home system, evaluating the program and highlighting potential areas of change to improve this ever growing option for residential support.

- Licensed three additional adult family homes in the county available to serve consumers with developmental disabilities, bringing the total of adult family homes to 26.

- Enrolled nine children in the Intensive Autism Waiver Program. Supporting the need for two contracted vendors to provide this service in Door County.

- ♣ Collaborated with UW-Ext Office to provide a series of cooking classes for consumers interested in learning such skills, enhancing social skills and sharing resources.

- ♣ Developed two specialty residential resource options for Door County, one specifically targeted at supporting consumers with developmental disabilities and offender issues. Costs were reduced and consumers brought back to their home community.

- ♣ 3rd Annual Caregiver Recognition event was held in December, 2005 with 83 participants attending and being recognized for their commitment to residentially supporting people with disabilities.

In addition to the administrative program monitoring, fiscal responsibilities and staff supervisory responsibilities associated with the Developmental Disabilities Program, the DD Coordinator and staff assume responsibilities in the following areas:

- Intake/assessments/annual plan updates
- Adult family home recruitment, monitoring and licensure
- Supportive counseling
- DD prevention activities and community education
- Guardianship and court intake/studies
- Crisis intervention
- Institution follow along services
- Information/referral/outreach
- Supportive parenting services to parents with cognitive limitations
- Head injury support services
- Recommendations for Assistive technology and home modification services
- Parent support and education
- Representation of county program at State level and regional meetings and Wisconsin Council on Developmental Disabilities Board of Directors

2005 DEVELOPMENTAL DISABILITIES PROGRAM STAFF

Cynthia Zellner-Ehlers, Developmental Disabilities Program Coordinator
Jean Severson, Developmental Disabilities 3-21 Case Manager
Kris Wagner-Maclean, Developmental Disabilities 3-21 Case Manager
LuAnn Desotelle, Developmental Disabilities Adult Service Case Manager
Patty Tschech, Developmental Disabilities Adult Service Case Manager
Sandy Brown, Birth to Three Program Educator
Kellie Hutchinson-Marvilla, Birth to Three Program Occupational Therapist (contracted)
Rebecca Ullman, Birth to Three Program Physical Therapist (contracted)
Wendi Ray, Birth to Three Program Speech Therapist (contracted)
Julie Toyne, Birth to Three Program Speech Therapsit (contracted)
Jim Berg, Birth to Three Program Service Coordinator (contracted)

ISSUES FOR 2006:

- ✓ Continued work on the development of options for individuals with disabilities in the areas of work, residential supports, and respite care.
- ✓ Implementation in changes identified in the adult family home system.
- ✓ Revisiting of the waiting list policies and advocacy for change
- ✓ Implementation of Parental Cost Share systems for all waiver participants as required by the State.
- ✓ Full implementation of the Functional Screen on all individuals waiting for services by June, 2006.
- ✓ State review of the Birth to Three Program scheduled for April, 2006.
- ✓ Activation of a mechanism to gain additional community input into the way DD services are designed, using a World Café methodology two times in 2006.
- ✓ Evaluate consumer satisfaction with major contracted agencies and services.

This completes the 2005 Annual Plan on behalf of the Developmental Disabilities Program.

Respectfully submitted,

Cynthia Zellner-Ehlers
Developmental Disabilities Coordinator
March, 2005

Door County Department of Community Programs
Mental Health Mission Statement

"It is the mission of the Door County Department of Community Programs mental health program to improve and enhance the mental health of individuals and the community and to increase our ability to deal with emotional problems and mental illness."

The Door County Department of Community Programs provides mandated mental health services in accordance with Wisconsin State Statute, Chapter 51.42 which states,

"Within the limits of available state and federal funds and of county funds appropriated to match state funds, provide for the program needs of persons suffering from mental disabilities, including mental illness, developmental disabilities, alcoholism and drug abuse, by offering the following services:

a. Collaborative and cooperative services with public health and other groups for programs of prevention.

b. Comprehensive diagnostic and evaluation services.

c. Inpatient and outpatient care and treatment, residential facilities, partial hospitalization, emergency care and supportive transitional services.

d. Related research and staff in-service training including periodic training on emergency detention procedures and emergency protective placement procedures for individuals within the jurisdiction of the county department of community programs who are authorized to take persons into custody.

e. Continuous planning, development and evaluation of programs and services for all population groups.

This report is a description of our efforts in 2005 to meet statutory requirements of the above-described statutory mandates.

a. Collaborative and cooperative services with public health and other groups for programs of prevention.

Mental health staff provide consultative services to such agencies as the Door County Memorial Hospital, Door County physicians, law enforcement agencies, community clergy, the Door County Public Health Department, the State of Wisconsin Community Corrections office, Senior Resource Center, nursing homes, the Door County Department of Social Services and the five county school districts.

Collaborative efforts toward prevention result from relationship building with clients, referring professionals and public and private agencies. The mental health team has worked hard this past year to build and maintain these productive relationships. During 2005 we continued to develop the Mental Health Providers Consortium, a group of 30+ mental health counselors in Door County. The goal of the Department of Community Programs is to bring this group of providers together to discuss cogent topics of mutual interest for professional development. The group convened four times during 2005 at various agencies to share information about current programs and specialty services. It is essential in this rural and geographically isolated area to stay current in theory and practice.

Mr. Cy Rosenthal facilitates a regular quarterly scheduled staff meeting for Special Education personnel of the mainland schools, addressing staff needs. Mr. Rosenthal has also been significantly involved in the Door County Coordinated Community Response Team.

In addition to the above efforts the Door County Department of Community Programs has taken an active role in the coordination of services with the State Office of Probation and Parole, Department of Community Corrections by meeting with them on a monthly basis to review the status of individuals on probation and to coordinate mental health evaluation and treatment services for them. The Department of Community Programs interacts on a regular basis to collaborate on the care of clients referred from the Department of Community Corrections. Our collaborative efforts are generally focused on assisting clients to complete court ordered requirements for completion of probation. These court ordered services include psychological evaluations and compliance with treatment recommendations.

In 1998 we initiated an endeavor to provide education to parents about the needs of their children to become fully healthy human beings. Using Mental Health Block Grant Funds, we purchased 250 copies of a 60-minute video entitled 10 Things Every Child Needs. This video nicely portrays developmental aspects necessary to enhance the healthy growth of a child. These video are distributed throughout the community at no cost to health practitioners such as the Public Health Department and doctors, schools, libraries and day care providers. Throughout the video there are clear messages about mental health promotion and strategies for achieving such. We have left the videos out in the community and have asked those who view the video to pass it on to others, thereby expanding the possible viewing audience.
We believe that this approach is going to create a paradigm shift in how parents view child development and their responsibility to promote healthy development.

In 2005 this initiative continued with the distribution of an additional 100 videos bringing the total distribution now to 1,250 copies.. It is our intention to continue this approach with the expectation that families need an understanding of the early childhood developmental process in order to successfully nurture their children to physical and emotional health. Because this video is now out of print, with the permission of the McCormick Tribune Foundation, 100 DVD copies were produced locally, allowing for the option of an upgraded video format.

During 2005 we updated and redistributed a multidisciplinary speaker's series manual offering educational programs available to any group in the county. Various staff interests and expertise define topical areas. The speaker's manual opens with brief autobiographical descriptions, briefly introducing the expertise of our staff to the community. Mental health topics available for presentation include Communication in Marriage, Assertiveness Training, Single Parenting, Teen Depression and Suicide, Issues of Wellness and Human Potential, Setting Boundaries in Relationships, Stress and Stress Management, Parenting and Discipline, Conflict Resolution, Fathering, and Grief Resolution. Other topics related to mental health will be prepared upon request.

Mental health team members actively collaborate with various interagency working groups including:

*Child Health Team
*Critical Incident Committee
*Coordinated Community Response Team for Domestic Violence
*Coordinated Community Response Team
*Alternatives to Violence Treatment Team
*Integrated Services Program Committee
*Northeast Wisconsin Batterers Treatment providers
*Sexual Assault Center advisory committee
*Delta Grant Advisory Committee

During 2005, Mental Health staff contributed to the Door County "Family Resource Centers" by providing various educational inservices to the community, both on the mainland of Door County and on Washington Island. Mental Health services were represented at several community "Health Fairs" including the "Health Families" Health fair at the YMCA in April of 2005.

David Hirn, M.S. continued to provide at least monthly outpatient mental health treatment services to Washington Island 12 months of the year.

The mental health team seeks to address community issues of mental wellness. One of these issues, suicide, has been a growing area of concern for the Department.

According to the Public Health Policy Advisory Board report of February 2005, suicide is the third leading cause of death among children ages 0-19. Ranking first and second are

accidental and unintentional deaths and homicide. Suicidal deaths compose 7% of all deaths in children ages 0-19.

Unfortunately, during 2005 in Door County there were five suicidal deaths of Door County residents ranging in ages of 25 to 67. Statistics are provided to us through the Brown/Door County medical examiners office. Door County contracts with the Brown County Medical examiners office to provide medical examiner services.

b. Comprehensive diagnostic and evaluation services.

Referrals for psychiatric service come from private physicians, nursing homes, Door County Department of Community Programs staff and private agency therapists

During 2005, the Door County Department of Community Programs contracted with J. David Boyd, M.D. as psychiatric consultant and Medical Director to provide psychiatric assessment and treatment for an average of nine hours per week. Additionally, John Whelan, M.D. was contracted with for an additional 7 hours per week for a total of 16 hours of weekly psychiatric service. In October of 2005, Anne Miller, M.D. joined the staff of the Community Programs, replacing the contracts of Dr. Boyd and Dr. Whelan. During 2005, the number of individuals seeking psychiatric treatment was approximately 548, up from 329 in 2004.. This number is significantly increased from 247 different clients seen in 2003.

We continued to contract with Dr. Michael Sayers, a Clinical Psychologist to do psychometric testing for clients of our agency. Dr. Sayers is available at our outpatient clinic seven hours per week. Referrals for psychological evaluations come from schools, the Door County Department of Social Services, Door County Court, nursing homes, physicians, and Department of Community Programs staff. During 2005 Dr. Sayers conducted 40 complete psychological evaluations.

c. Inpatient and outpatient care and treatment, residential facilities, partial hospitalization, emergency care and supportive transitional services.

The Door County Department of Community Programs operates an outpatient counseling clinic with hours of 8:00 a.m. to 4:30 p.m. Mondays through Fridays and evening clinic hours until 9:00 p.m. on Thursdays.

Clients are seen by appointment with referrals coming from a multitude of sources including private physicians, schools, clergy, nursing homes, the Door County Jail, the Door County Department of Social Services, Help of Door County, the court and self referral.

During the year of 2005 the Door County Department of Community Programs received 235 new requests for mental health service and opened 157 new mental health cases and provided services to 473 separate clients including mental health counseling services and

case management. The "client" is the person under whose name the case is opened but may refer to an individual, a couple, or a family.

The outpatient clinic staff also responded to "walk-in" clients and provides brief contact to many individuals who appear with situational crisis. Some of these individuals are seen for brief contact and are not formally opened for treatment.

Mental health counseling services continued to be provided to Washington Island residents. During 2005, 14 separate individuals were seen on Washington for a total of 67 hours of counseling. Several additional Washington Island residents were seen for psychological and psychiatric services in our Sturgeon Bay Clinic. Dr. J. David Boyd provided psychiatric consultation to the Washington Island physician via phone.

During 2005, J. David Boyd, M.D. and John Whelan, M.D. and Anne Miller provided ongoing psychiatric treatment and medication supervision to 548 ongoing clients. Dr. Boyd also provided consultation services to staff of Community Programs and other Door County physicians. Dr. Boyd was also available on an on-call basis to respond to clients receiving treatment through the outpatient clinic. Dr. Whalen provided psychiatric services in the Door County Jail on a regular basis.

Dr. Michael Sayers performed 40 full psychological evaluations for clients referred to the Department of Community Programs.

The Department of Community Programs provides 24-hour crisis intervention services, primarily referred by law enforcement, private physicians, Door County Memorial Hospital emergency room and Help of Door County. The after hours crisis services are provided from 4:30 p.m. until 8:00 a.m., Monday through Fridays and 4:30 p.m. Fridays until 8:00 a.m. Mondays.

d. Related research and staff in-service training including periodic training on emergency detention procedures and emergency protective placement procedures for individuals within the jurisdiction of the County Department of Community Programs who are authorized to take persons into custody.

The Department of Community Programs training includes both internal and external training programs. The internal training program is provided for by a series of in-services throughout the year. These in-service training programs are intended for the training of clinical and support staff to remain current in local programs and treatment concepts.

Externally, mental health staff avails themselves of training sponsored by various governmental agencies, i.e. U.W. Extension, State Office of Health and Family Services and other private programs in an attempt to remain current in treatment theory. Each staff person is provided a limited travel and training budget to cover the cost of this training.

On April 29, 2005 all Department of Community Programs staff involved in providing crisis intervention services (13 clinical staff) convened for an all day workshop to review agency policy, protocol, statutory requirements and admission procedures for all circumstances in which we are called to respond. We reviewed Emergency Mental Health detention procedures, Emergency Protective Placement criteria and procedures and placement of individuals incapacitated by alcohol. We discussed crisis intervention involving dients with special needs including developmental disabilities and those suffering from severe and persistent mental illness. Staff from the Door County Memorial Hospital Emergency Room and intensive care unit were invited to discuss collaboration of services and discuss mutual needs for the care of patients. The Door County Department of Social Services Adult Services Program to discuss crisis services to the Door County seniors. The Door County Corporation Counsel was present to discuss statutory requirements and procedures for detentions and follow up legal actions involving commitments. Circuit Court Judge, The Honorable D. Todd Ehlers was present to discuss expectations of the court involving presentation of crisis intervention cases. Finally we reviewed all the after-hours crisis reports for 2004 and discussed particularly difficult and complicated cases.

In April and May of 2005 the Door County Department of Community Programs sponsored a "Crisis Intervention With Door County Law Enforcement" training, involving 4 - 90 minutes training session, discussing crisis intervention response requiring law enforcement intervention. During these 4 training sessions, 46 Door County Sheriff's deputies and 5 Sturgeon Bay Police officers were in attendance. Community Programs collaboration with law enforcement improves professional response to assist residents at a vulnerable time, reduces inpatient placement and improves the safety of both law enforcement officers and Community Programs crisis workers.

e. Continuous planning, development and evaluation of programs and services for all populations groups.

The mental health team meets on a regular basis to discuss needs in the community. It was as a result of such discussion that the Department of Community Programs has initiated the above mentioned community education programs, cooperated in the development of the Mental Health Providers Consortium, and have devised intake procedures and treatment protocols for clients.

During 2003 and 2004, much time was spent in community collaboration, collection of data and representing our needs to the County Board in an attempt to secure a full time psychiatric position. Because of our collaborative efforts, this position was approved for inclusion in the 2005 budget. Despite several interviews with perspective psychiatrists, we were unable to negotiate the hiring of a full time provider until mid 2005. Consequently we continued to meet our psychiatric needs by contracting with Dr. J. David Boyd and Dr. John Whelan until October of 2005 when Anne Miller, M.D. joined our staff and assumed prescriptive responsibility for all Community Program clients. Dr. Miller is board certified in Geropsychiatry.

Dr. Miller, as with Drs. Boyd and Whelan provided consultation to many primary physicians who continue to prescribe psychotropic medications to their clients.

During 2005, the Door County Department of Community Programs Mental Health Program continued a dialogue about mental health counseling services to Door County Jail Prisoners and assisted in the development of the intake protocol that was ultimately instituted for assessment of mental health service needs in the jail We have attempted to plan how those services will change/improve the current strategy for services to prisoners in the new Justice Center.

For the year 2006 the Mental Health team has established goals including:

- ***Focus on the provision of excellent mental health clinical services.***
- ***Improve relationship with Door County Physicians and make available the Door County Department of Community Programs contracted psychiatrist for consultation to Door County physicians on a quarterly basis.***
- ***Promote community education regarding mental health services.***
- ***Assist in the orientation/incorporation of the new psychiatrist.***
- ***Continue to provide and monitor mental health services to the jail population***
- ***Organize agency crisis intervention in-service.***
- ***Update Community Education Brochure.***
- ***Continue to facilitate Mental Health Counselors group.***
- ***Organize agency in-service training.***
- ***Sponsorship of a Co-occurring Disorders workshop particularly related to women and children.***
- ***Continue to distribute "10 Things Every Child Needs" video to the community.***

Challenges for 2006 include:

- ***Adequate services for children and families.***
- ***Adequate evaluation and treatment programs for the elderly.***
- ***Increased collections from insurance and Medical Assistance***
- ***Improved relationships with Door County Physicians to develop a collaborative strategy for the care of individuals with mental health needs.***

Respectfully submitted,
David J. Hirn, M.S., Mental Health Coordinator
February 28, 2006